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Francine van de Walle  
*University of Pennsylvania*

Baba Traore  
*Institut de Sahel*

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# Attitudes of women and men towards contraception in Bobo-Dioulasso

## **Abstract**

The extent of knowledge and practice of contraception in African populations remains hard to evaluate and despite the great influx of data from the World Fertility Surveys, the impact of contraception on fertility levels is difficult to measure. The practice of abstinence for the purpose of spacing births is widespread in Africa. It was discussed in demographic terms already by Lorimer in 1954. More recently the Caldwells (1977, 1981), by carefully investigating the phenomenon among the Yoruba, contributed greatly to establish the place of sexual abstinence in the study of the determinants of African fertility. Lately, data from the World Fertility Survey have shown large variations in the length of post-partum abstinence between countries and among different ethnic groups. Anthropological research has thrown some light on the different functions attributed to post-partum sexual abstinence, and the different reasons for practicing it.

## **Keywords**

Africa, fertility, contraception, breastfeeding, abstinence, birth spacing, World Fertility Survey, surveys, data, Yoruba, tradition, ethnic differences, premarital sex, lactation, pregnancy, contraceptive methods, Senegal, Ivory Coast, East Africa, Bobo-Dioulasso, Burkina Faso, Upper Volta, Ouagadougou, Abidjan, interviews, ethnographic methods, fieldwork, ethnic groups, contraceptive knowledge, women, men, husbands, fathers, wives, mothers, religion

## **Comments**

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Attitudes of Women and Men Towards Contraception  
in Bobo-Dioulasso

Francine van de Walle and Baba Traoré

June 1986

POPULATION STUDIES CENTER  
UNIVERSITY OF PENNSYLVANIA

ATTITUDES OF WOMEN AND MEN TOWARDS CONTRACEPTION IN  
BOBO-DIOULASSO

Francine van de Walle  
Population Studies Center  
University of Philadelphia

Baba Traoré  
Unité Socio-économique et démographique  
Institut du Sahel, Bamako, Mali

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## Introduction

The extent of knowledge and practice of contraception in African populations remains hard to evaluate and despite the great influx of data from the World Fertility Surveys, the impact of contraception on fertility levels is difficult to measure. The practice of abstinence for the purpose of spacing births is widespread in Africa. It was discussed in demographic terms already by Lorimer in 1954. More recently the Caldwell (1977, 1981), by carefully investigating the phenomenon among the Yoruba, contributed greatly to establish the place of sexual abstinence in the study of the determinants of African fertility. Lately, data from the World Fertility Survey have shown large variations in the length of post-partum abstinence between countries and among different ethnic groups. Anthropological research has thrown some light on the different functions attributed to post-partum sexual abstinence, and the different reasons for practicing it.

There are also reports of traditional techniques of contraception, and modern techniques are advancing, particularly in urban areas. However, two problems stand in the way of demographic and sociological analysis. First, certain types of behavior which are not necessarily aimed at controlling births, such as breastfeeding and abstinence, often turn up in descriptions

of contraceptive practice, so that it is difficult to measure contraceptive prevalence with accuracy. Second, the contexts in which contraception is attempted are not what most observers are trained to expect. The African "market" for contraception may well be in the dark area of premarital sexual practices, which raises special problems for the survey taker, and in child spacing practice, where the measurement of its effectiveness is severely hampered by the competition of extended breastfeeding which also reduces the probability of conception.

It is often assumed that traditional practices such as abstinence and prolonged lactation are used in Africa to avoid unwanted pregnancies, and it is taken for granted that the population is aware of these methods for the purpose of family planning, and uses them intentionally to prevent births. Many older surveys had routinely classified breastfeeding and abstinence as contraceptive methods (see, for example, Dow, 1974; Ukaegbu, 1977). The survey takers often assume that the contraceptive effect of breastfeeding is known to the population. Similarly they assume that the purpose of abstinence is necessarily to avoid or space the next birth. The published discussions of World Fertility Survey results have also often included abstinence among the contraceptive methods. See, for example, Ghana (WFS, 1984a) and Cameroon (WFS, 1984b) where abstinence is classified among the "inefficient methods", and Senegal (République du Sénégal and EMF, 1981:131) where it is classified as a "traditional method". In the Ivory Coast report, abstinence belongs to the category of "secondary methods" and was

the most frequently cited method in the survey (WFS, 1984c:14, 15). In sum, there is much confusion about the role of abstinence in spacing and limiting births. It is probable, however, that reporting of post-partum abstinence inflates the percentages of women said to be using contraception.

With respect to assessing the impact of abstinence on fertility, extravagant claims have been made for the effectiveness of the technique, and much of them go back to discussions of what has long been the best known example of abstinence: the Yoruba. The early claims have often not been substantiated. It is clear that the total fertility of populations where the abstinence period is short (in most of East Africa), but where breastfeeding is extended, is not very different from that of the populations with long abstinence periods.

The present paper represents a resolute departure from the approach aiming at assessing the prevalence of contraception from a large representative survey. The emphasis is on qualitative description to illuminate the meaning of survey questions and to guide future research.

A certain number of questions can be asked about contraception. Is it known? And if so, what kind of techniques, traditional or modern, are accessible to the population? How is contraceptive knowledge diffused? Are the available methods used, and under what circumstances? If not, why not? Do the motivations to use contraception exist? Before we turn to a review of these issues, we describe the context and the nature of our evidence.



### The Bobo-Dioulasso Surveys

We conducted a series of taped interviews in the town of Bobo-Dioulasso, in Burkina-Faso (formerly Upper Volta). The town is situated on the railroad linking Ouagadougou, the capital of the country, and Abidjan in the Ivory Coast. Bobo is a lively place for business and it hosts several international research organizations. It possesses good schools and hospital facilities but has retained a rural atmosphere. Many of its people still cultivate fields of millet on the outskirts of the city, and during the rainy season one can see patches of vegetables and corn growing here and there in the center of town. The crops are sold in the streets and on the busy town market. The census of 1975 counted 112,572 inhabitants in Bobo-Dioulasso. The birth rate is evaluated at 48 per thousand.

A family planning movement was launched in Burkina-Faso with the creation of the "Association voltaïque pour le bien-être familial", a non-government organization created in 1979. A member of IPPF Africa region since 1982, it promotes awareness of family planning by providing information (through posters, radio broadcasts, etc.) and training. It has offices in Ouagadougou and in Bobo-Dioulasso. Services were starting in Bobo at the time of the survey. They included counselling, provision of condoms and spermicide, and referral to the hospital for pills and IUDs. Contraceptives provided by IPPF were initially given free. In addition, pills and IUD's were available on request but for a fee at the towns' pharmacies. Even though the Government had officially

banned Depo-Provera in 1983, this method was preferred by mid-wives and female nurses. They called it "the shot", and thought it was easy, lasted three months and did not require the husband's awareness. Sterilization was and is still available on medical grounds. It could only be performed with the husband's written approval. Natural family planning or periodic abstinence was taught in Catholic schools and at church meetings.

Since our survey, the Government of Burkina-Faso has become more and more aware of the impact of high fertility on maternal and child health and on the development of the country. The French law of 1920 forbidding the sale, advertising and distribution of contraceptives as well as abortion services and information is in the process of being rescinded. All forms of contraception are to be legalized, only abortion will remain illegal. Very recently family planning centers integrated in the Maternal and Child Health Clinics have opened in Ouagadougou, and others are scheduled to open in July 1985 in Bobo-Dioulasso. Plans are being made to provide health centers with family planning services in provincial towns and in the rural areas. Emphasis is on maternal and child health, spacing and the fight against sterility. Natural fertility planning or periodic abstinence receives much attention.

Between April 1981 and April 1984 Bobo-Dioulasso was the scene of a multi-round infant and child mortality survey. More than 8000 women who gave birth between the first of April 1981 and the 31st of March 1982 were followed until their child reached its second birthday (or until it died). A four-page questionnaire was



completed at the time of birth, and the woman was revisited at her home seven times. A follow-up questionnaire was completed at the first home visit, one month after birth, and subsequently at six consecutive visits, the second taking place four months after birth and the remaining five at four-month intervals.

Even though the survey aimed at measuring infant and child mortality, it contained a wealth of information on post-partum behavior and on the arrival of the next child. It showed, for example, that the median duration of breastfeeding was 21 months, and that couples abstained from intercourse on average 12 months after a birth. 14 percent of the women over 30 had not resumed sexual relations after two years. The median duration of post-partum amenorrhea was 13 months. 49 percent of the women over 30 years were in polygamous unions. Some of the survey's results were surprising. Had the women understood the questions? For example, only 17 percent of the women said they had ever heard of contraception, modern or traditional but they unanimously approved of and practiced post-partum abstinence, which could have been included in their answers. What was the meaning of some of the answers given in the survey? When asked about their desire for another child, most answered that it was "Up to God". 3.5 percent of women under 30 years of age said they did not want any more children as compared to 19 percent for women over 30.

The initial results raised enough questions to deserve further, more detailed investigation. Hence a small sample of women in the survey were reinterviewed at the end of the two years for a

longer, more impressionistic description of their post-partum experience. Their answers were recorded on tape. We picked 80 women whose child had been born in May and June 1981 and was still alive. The survey took place during the months of July and August 1983 and January 1984. All the women interviewed had a child who was between 25 and 28 months old. The women were selected among the Bobo and the Mossi ethnic groups. The Bobo (Bwaba or Bobo-Oulé and Bobo-Fing) are indigenous to the region and gave their name to the town. The Mossi, the largest ethnic group of Burkina-Faso, come from the high plateaus north of Ouagadougou.

The women were visited at their home and interviewed in the vernacular, Bwamu, Bobo or Moré by women interviewers of the same ethnic group. The interviews consisted in a conversation between the woman and an interviewer along the lines of a loosely structured questionnaire. The topics discussed were the circumstances, customs, desires and decisions which influence the conception of the next child. The interviews were translated into French by the interviewer herself and one out of five were retranslated independently by a university student for the purpose of checking. They were then edited and entered into a word processor on a microcomputer, so as to allow regrouping of the material by subject files.

The in-depth nature of these interviews provides valuable insights into the beliefs, attitudes and practices relevant to birth intervals. The following discussion is largely based on the responses of these women, extracted mostly from the information on

contraception. (In quotes women will be identified with a "B" for Bobo and with a "M" for Mossi, followed by a number. A complete copy of the manuscripts, in French, can be consulted at the University of Pennsylvania.)

Eighty women is too small a number to get statistically representative results, but it is sufficient to get an overwhelming feeling of the main strands of opinion in the population. There is a great deal of uniformity in responses, and it is doubtful that multiplying the interviews would have added much, whereas the depth of insight which can be gained in the small qualitative approach would have been lost. We present some numbers, but the purpose is not to assess frequency, but to give an indication of how solidly an opinion is implanted in the population. This article concentrates on simple questions, but provides rather extensive quotations that make subsidiary points, which will then be highlighted in the conclusion. The main points have to do with the frequency of knowledge and use of contraception, the type of methods used, and the motivations to use contraception. In a last section, we attempt to extend our conclusions to the male population.

#### Knowledge and Use of Contraception

The extent of knowledge and use of contraception, as reported by the 76 women in our survey, is indicated by the results in Table



1. (The questions on contraception were omitted for four women in the survey. The question on rhythm was concerned with the extent of exact knowledge of the cycle.)

Table 1

Number of women who knew and used contraception  
(76 women)

	Modern Methods	Traditional	Rhythm
<hr/>			
Knowledge:			
Spontaneous report	12	5	N.A.
Prompted report	4	7	3
Use:			
Ever used	2	2	1
Plan to use	5	1	0

The modern methods that were cited were the pill, injections and IUD. They were clearly associated with doctors, hospital practice and Western medicine. Two women knew about them from radio talks or from friends. One women was currently on the pill. The other had first taken the pill, which made her sick, and later

injections, which had completely upset her pattern of menstruation. She commented: "I am afraid of drugs..." Sterilization was mentioned once, in connection with the practice of tying the tubes of women who had three caesareans, and whose life would be endangered by another pregnancy. At the beginning of the survey, one interviewer who had misunderstood the question asked twice about abortion instead of contraception, and elicited a shocked response to the effect that some unmarried girls were using "white men's medicine" to abort. One woman cited nivaquine specifically as a drug used to abort, and another referred to desperate female students swallowing laundry detergent or even crushed glass to get rid of their pregnancy.

A few quotes will indicate the attitudes toward modern methods of contraception:

A. I cannot do anything [to space births] unless I go see someone. They talk about Doctor Jean-Marie. After my delivery, I'll go and see him. (B1)

A. It is said that the doctors have drugs... I asked your interviewers [in the multi-round mortality survey] to bring me drugs if they had some, so that I could rest... (B2)

A. My husband went to talk to a doctor and I went for consultations there, they took my blood to examine it. They gave me a prescription for medicine.

Q. Did you buy the medicine?

A. Yes.

Q. Is it expensive?

A. I believe the "tube" is about 1,000 F. or 1,500F. [500 CFA is about 1 US\$]

Q. Do you swallow them?

A. Yes.

Q. Every day?

A. Every night.



Q. Do you like it?

A. At any rate, it gives me luck since I started.

Q. In that case, you are going to buy the medicine during 5 years?

A. If the buyer of the medicine [i.e., the husband] does not refuse. (Laugh) (B26)

Q. You say that you want 4 children. How are you going to stop at four?

A. (Laugh) At the moment, I don't know how I shall do it.

Q. You don't know if there are means to prevent a pregnancy?

A. I hear people talk, but I don't know.

Q. But what do people say?

A. Some say that there are injections, and others that there are tablets... But I have done nothing until now.

Q. Thus now, if you want to stop, if your husband agrees, what are you going to do?

A. If he agrees, we are going to see the doctors. (Laugh) (B27)

A. I said I don't want any more children, but... medicine, if you want to take it, if you are not careful, it is work, eh? Thus, sometimes you take the medicine and it does not succeed.

Q. Is there a traditional medicine?

A. No, I have never taken the traditional one. Otherwise, it is not only a question of what method to use, but I don't want any more children.

Q. What are you going to do then?

A. Eh! if it suits my husband, we are going to get medicine at the hospital. (B38)

A. ...Doctors talk about it often on the radio, but I have never done it.

Q. What do these doctors say?

A. They say that there are tablets and injectables, and that you don't become pregnant even if you have relations. That is what they say on the radio. (M2)

A. We, the Mossi have nothing, but I have heard that the white men have drugs that you can buy. These are pills to swallow, but I have never seen them.

Q. Did you ever think that you would need these drugs?

A. No.

Q. You don't want them?

A. No. (M22)

Traditional practices of contraception are mentioned in many contexts (Lorimer, 1954; Molnos, 1972; Morgan, 1974) and seem still to be very alive in contemporary Africa despite the recent introduction of modern methods. Apparently, traditional methods are widespread in populations whose target is not to limit family size but to space births. The most widely practiced (and the most efficient) traditional method is, without doubt, abstinence (Orubuloye, 1981). But, as noticed before, abstinence has other purposes than preventing a birth (Caldwell and Caldwell, 1977; 1981). In societies where post-partum abstinence is short, for example in East Africa, sexual relations during breastfeeding are made acceptable by coitus interruptus (Lorimer, 1954; Schoenmaeckers et al., 1981:38). The method seems to be approved also in Sierra Leone (Dow, 1974). Recently, it has been found that coitus interruptus was the most widespread contraceptive method in Bas-Zaïre (Bertrand et al., 1985). In the Sahel region, the Marabouts are well aware of Islamic tolerance for withdrawal; this was confirmed at the Seminar of Dakar on Islam and Family Planning (CONAPOF, 1982).

In Bobo-Dioulasso we found that women who expressed an interest in contraception (and they represented a minority) were clearly not impressed by the effectiveness of traditional methods of contraception and would only mention them after prompting, and often with a great deal of skepticism. The most widely known method (certainly under-reported in this survey) was the taffo which is sold in the market with a pharmacopoeia of roots, barks, leaves,

powders and potions which serve as contraceptives, abortives but also as remedies to cure sterility or postpone menopause. The taffo is a cotton belt where knots have been made, connected with magic words of the Marabout or the healer. Here then follows a description of the taffo, the most widely known traditional contraceptive:

- Q. Is there not a remedy among black people that a woman who has a light back [i.e. easily becomes pregnant] can take to avoid "sere" [kwashiorkor].
- A. There is one. There is a rope that you tie around your waist.
- Q. Does this rope have a name?
- A. No, I don't know its name. You tie this rope around your loins until you want a pregnancy. When it pleases you, if you want to become pregnant, you untie the rope from your waist.
- Q. You can tie and untie it?
- A. Yes, if you untie it and become pregnant, after the delivery you put it on again.... It is sold by vendors in the market, but I have never used it. Those who sell it say it is excellent, it is effective. Some vendors have good remedies, and others not. Some may tell you to buy such and such a remedy against such and such a disease. When you buy it, you don't know, it is a question of luck. If you have been lucky, all right, and if you had no luck, you will say that the remedy was no good.
- Q. Are there many people who sell those remedies in Bobo?
- A. There are many of them.
- Q. Why don't you use these remedies?
- A. (Laugh) For no reason ... I am going to take remedies, I have that in mind, but have not done so yet ...
- Q. This rope that you tie to the waist, how is it made?
- A. I don't know how it is made, I just see it on sale.
- Q. Is it simply a rope?
- A. It is simply a rope, maybe they use magic before making it, or they say magic words ...
- Q. Is this rope expensive?
- A. Most sell it for 1 000 F. (About 2 US\$). (B6)



The survey interviewed one dissatisfied customer:

- Q. You used a remedy that was no good, which one?  
A. The taffo. I had tied it around my loins.  
Q. And it did not prevent you from becoming pregnant?  
A. I became pregnant, thus it was no good.  
Q. The person cheated you to take your money.  
A. When I saw that I was pregnant, I removed the taffo and threw it away. (B1)

Coitus interruptus was mentioned by one woman. The importance of the rhythm method is difficult to evaluate. One educated woman described the mucus variant in great detail, and she had opted for it over modern techniques of which she was well aware, pills and IUD. It is the method pushed by the Catholic press and lay associations, which have an important intellectual influence. It is taught in secondary religious schools:

Q. You don't know the fertile days?

A. Eh! They say that if your period has lasted six days, eh, ...eleven days later, you can have relations. A Sister was explaining that in school, but she went away on leave, and never explained it fully.... (B31)

A. They informed us, but I never paid any attention.

Q. Who informed you?

A. A Sister, Sister Anne, explains it ...

Q. She explained, but you were not interested?

A. Eh!... I did not manage to understand. (B36)

In the survey, a question was asked to every women in order to ascertain her knowledge of the cycle, irrespective of any contraceptive use of the rhythm method. For most women, the question drew an almost complete blank:

A. I say it is luck. If your luck is fast, you become pregnant rapidly.

Q. Are the days not known?

A. How would the days be known? (B18)

A. The days when you get a belly? This I don't know, as we put all of that in the hands of God. It is God's work. If God say that you will take a belly [become pregnant], this is it. If He has not decided to give you a belly, even if you stay for hundred years with the man, there will be nothing. We have concluded that it is God's business. (M16)

Only three women had a correct view of the cycle. Twelve women adhered to traditional lore on the subject, which teaches that the period of maximum fertility is right after menstruation:

A. When you have had your period, this is the time when the bowels of delivery [uterus] are open. Thus, the bowels of delivery stay open for seven days. It is during these days that you take a belly. After the seven days have elapsed, you cannot have a child any more.

Q. Who explained that, the Caramogos [Moslem medicine men]?

A. Yes. (B32)

We systematically asked whether nursing affected the return of the menses or the date of the next conception. There was clearly no one (one highly educated woman excepted) who knew that breastfeeding had any impact on the arrival of the next child. Post-partum abstinence, even though universally practiced, was never mentioned as a means to limit the total size of the family.



### Motivations to Use Contraception

The very marginal place of contraception must be explained. Although the motivations to limit family size are only appearing very faintly, there is a traditional belief in the need to space births, which is strongly imbedded in the culture of reproduction.

Q. In your opinion, by how many years do you want to space your deliveries?

A. When my child walks and the pregnancy does no harm it, it is good. (M8)

A. If a woman delivers and waits for three years before delivering another one, it is good. But in today's life, this does not happen any more. Like that, the woman can rest and when she takes another pregnancy, she will not suffer. But to deliver and take a belly a few months later, that is misery and nothing else. Some say that we are imitating white women, but we are not white. We are the ones to suffer, don't you see that we are growing old fast? (M30)

A. Ah, two years [between children] is good. Certain women don't reach two years. Certain women whose child is not yet walking become pregnant. I cannot understand that ... If you have a child in your arms, and become pregnant, don't you know that you are humiliated [loose face]? (B29)

Q. When do you want the next child?

A. Even if it takes 3 or 4 years, I will be happy.

Q. Why do you want to wait?

A. Because I am old and a lot of blood poured out of my body during my deliveries. Can the same blood flow back into my body so rapidly? (B14)

A. If you have a child in your arms and you become pregnant again, it is not good. The child is tired and you, who are with a belly, are tired also... the child in your womb suffers too. Everyone will suffer, because you must feed the other one in addition to this one. The one in your womb will be tired too. You know that if there is no one to take care of the oldest one you will be obliged to carry it on top of your pregnancy. (B6)

To solve the problems of spacing, couples have

traditionally resorted to abstinence:

Q. How are you going to space your children by three years?

A. I do it my own way.

Q. How?

A. (Laugh) If my husband has a separate room and I have my room too, I may not leave my room to go into that of my husband.

Q. But if he asks you to come?

A. Ah... If I know the child has made it [is big], then only do I go to him.

Q. Thus you are going to spend two years without going to your husband?

A. (Laugh) (B25)

Q. After a delivery, how long do you wait until sleeping with the man again?

A. It takes some time at any rate. We the women we do not accept. It is the men who want and force us, otherwise it lasts. If we get our way, we can stay a year like that. But today's men do not accept that any more. If the man does not have two wives, you know he will... (Laugh). At any rate it will be hard.

Q. If you don't want him to go get another woman, at any rate. How many moons must the child reach before you can go back to your husband?

A. Ah! at least 8 or 10 moons.

Q. So, the husband must wait that long?

A. Yes, 10 moons. (B2)

In addition to the well documented concern for spacing, which is encountered in many West African cultures, there is the dawn of

a preoccupation for limiting family size. Although the distinction between spacing and stopping is not always as clear as social scientists would like it to be, the notion of an ideal family size has appeared. Among the women who give the stock answer: "As many as God sends", there is now and then a woman who expresses an intention to break out of the fatalism of uncontrolled reproduction:

- Q. If you had the opportunity to limit your children, would you do it?
- A. I would certainly do it.
- Q. How many children then would you want?
- A. Those I have are enough. I would stop at the six I have.
- Q. Would you like to get help not to become pregnant again? White people have the means to do so at the hospital.
- A. Help me not to take a belly?
- Q. Yes.
- A. I would agree. (B3)

The main motivations for stopping are medical (health of the mother, tiredness, loss of blood, etc.) but economic reasons are appearing:

- Q. Do you want many or few children?
- A. I want the children that we will be able to support, since now life has become hard. If you make few children, it is better. Otherwise, to deliver a lot of children who will become small delinquents is not good.
- Q. Certain women say that they want lots of children because children help. What do you think?



A. In the past, it is true, if you had many children, you could keep your chin high. But today as life has become expensive and one must pay for everything, if you deliver many children while you have not enough to give them to eat, it is difficult. In spite of that, every person who marries asks God to give her a large family, many offspring. But in fact, life has become expensive, you must pay for school, you must buy supplies. If you have a lot a children and cannot make them into the men of tomorrow, it is very difficult. (M9)

A. ... In the past if you filled your courtyard with many children, you were thankful to God. Certain children cultivated, others traded and made money and it was the good life but today there is school, and this is why one does not like to have too many children since there won't be enough money to pay for school. Moreover you don't see how they are going to get a job. Today, if you deliver many children you suffer, but in the past a lot of people were needed, as everyone had to go out and cultivate the fields. Even if you had twenty children, you would pray God and say thank you. If you laid with your husband, you were not afraid of becoming pregnant. You asked him only, after the delivery, to let the child "become himself" [be on his own] before you delivered again. You were not afraid to lay with you husband. It is because life today has become difficult that we do not want many children... In the past, there were no schools and people were going out with their children, even when they were very small, to teach them how to cultivate. There were large crops. Even when the crops were less plentiful, they ate well... Some children were becoming traders when they grew up. There was no white man's work. Today one must go to school to become a civil servant... (M30)

The eulogy of the good old times was a recurrent topic among elderly women. The changed economic circumstances usually go together with schooling, urbanization and social changes due to the spreading of modernization and it is said often than these changes lead to a breakdown of old customs. For example, Nag (1983) has

argued that "modernization has negative effects on traditional variables such as post-partum abstinence and breastfeeding". On the other hand, these changes could result in a demand for new techniques of spacing, and modern contraception could play the same role as abstinence and traditional contraception did in the past.

### Obstacles to the Acceptance of Contraception

There are a number of women who state emphatically that they do not perceive the need for contraceptive knowledge. Perhaps a majority express indifference at best, and only a few express an interest. Possible obstacles to the diffusion of contraceptive practice, in the face of a perceived need, can be explained in various fashions.

a) Ignorance is a clear hindrance to the use of contraception. Of course, the debate is very old between those who claim that the means would rapidly become available if motivations existed, and those who claim an independent effect for the wide availability of cheap and effective contraception. The interviewers were often asked by women about ways to avoid childbearing, and the transcripts contain many a description of the rhythm method explained by them to the women of the survey. Occasionally, the respondent complained about difficulties in getting information and help:



Q. Did you never hear talk about something that may prevent a pregnancy?

A. I heard talk, but I have none to help me know.

Q. Where do those who talk say this can be found?

A. They know people, but refuse to say who.

Q. What kind of medicine? traditional?

A. I don't know, they don't want to say... (M11)

A. I learned that among white people there are shots, and if they do that, you do not become pregnant. But the Mossi are not willing to say, I only hear talk... (M13)

b) The cost of modern contraception is an obstacle to its use, and one woman at least was struggling with a cost-benefit estimate:

A. The problem is lack of money to bring all of this about. I hear that some women go to the hospital to see the doctors, but if you have no money...? With all these children, can I have enough money to raise them, and enough to buy medicine? It is money that is lacking, otherwise I would get up and go out for information. But money is lacking. (M15)

c) A number of women expressed the feeling that it was sinful to go against the will of God, and that their religion was opposed to contraception.

Q. In the big city, don't people talk about medicine to prevent a pregnancy?

A. They talk about it on the radio. I hear it often, but people say that it is not right.

Q. What do they say?

A. Concerning medicine? They say to go to the doctor, to agree between husband and wife. He prescribes medicine. To me, this makes no sense. I have no use for it, I don't see the value of it, and therefore I don't listen.

Q. You just said it was not right, why is it not right?

A. According to me, it is not right because everyone must wait for one's luck. What God will give you, if you prevent its arrival, it is not right.

Q. Because nobody knows what the child will bring.

A. You don't know what he will come with. Maybe what you are wasting is the one who would have been the perfect child for you, there is no way to know... (B10)

Q. Don't you know a way to prevent a pregnancy?

A. According to our way of following God, if we do that, it is not right.

Q. How is that?

A. It is not right with God.

Q. Is God cross?

A. Yes, God is cross.

Q. Against the wife or the husband?

A. Against both. But if the wife does it without the husband's knowledge, he is cross against her... (M5)

d) Subsidiarily, men seem to be more concerned with religious orthodoxy, at least in Islam. Women believed that the decision about contraception, family limitation, etc. rested with their husband, and that the latter would be likely to grant her the right to space births, sometimes reluctantly, but that he would probably object to stopping childbearing altogether.

Q. And your husband, how many children does he want?

A. Ah, I cannot know for him. If a man wants even 100 children, he will have them. (Laugh) The more wives he gets, the more they will deliver children for him. (M5)

Q. If you had the means to limit births, would you do it?

A. This is not my business. This come from my husband; if he wants no more children, we could limit.

Q. Does your husband want more children?

A. I don't know what he has in his belly, he wants many, he wants few... I don't know. Moreover, since I am not the only wife... (B9)

### The Point of View of Husbands

From our conversations with the women, we had obtained the clear impression that men and women live in two separate worlds, that there was little communication between spouses, that the husband was the undisputed master of the compound and the one who made all the important decisions. Women repeatedly said they belonged to their husbands, the "owner of the courtyard" (van de Walle and Ouaidou, 1985). On the other hand, women enjoy their roles as mothers and have a great deal of independence and of authority in their own sphere. Women also enjoy considerable social independence and freedom in the management of their petty trade and personal expenses.

Most of the women were convinced that men always wanted many children and that they were too religious to ever use contraception for spacing or limiting childbearing. As fertility is part of women's domain and as it is often said that women are more receptive to birth control than men, we believed that women were the ones who wanted to limit childbearing and that men wanted many children. To check that hypothesis we decided to gain some insights into men's ideal family size. We went back to Bobo during the summer of 1984 and interviewed 25 husbands of women of the survey. Most of them were married to women whom we had tape recorded one year before. No attempt was made to select a representative sample. (In quotes, men will be identified



with a "B" for Bobo and a "M" for Mossi preceded by an "H" for husband and followed by a number.)

In many ways, our expectations about male attitudes and behavior were confirmed. Considerable opposition to contraception on religious ground was revealed in this subsidiary set of interviews with men:

Q. There are products at the hospital and there are traditional products, do none of these suit you?

A. No, none.

Q. Why not?

A. Because it is not good.

Q. Taking products to avoid begetting children is not good?

A. Taking products to avoid begetting children...it is a matter to be settled between you and God. It is not a matter of this world. (HB2)

Q. Would you like to have more children?

A. The children I can make, I make them in conformity with my religious convictions.

Q. You have a lot of children and your wives are still young, what are you going to do to prevent them from giving birth?

A. It is God who knows about that, it doesn't depend on my will.

Q. But...some people use medicine, like pills, what about you?

A. According to our religion, it is forbidden; if you do it God will punish you, you'll pay for your sin.

Q. Now, if one of your wives didn't want any more to have children and she wanted to take these pills, would you refuse?

A. If she told me she is taking pills?

Q. Yes, if she told you.

A. At that point it is she and God who are the two witnesses; she is the one who will have to explain it to God, and God will give her a punishment because it is a sin.

Q. And if she asks for your permission?

A. I would refuse. But if she hides it from me it is not my business any more. Even so, it is against Islam... Man does not look for the child, it is God who gives it. (HB29)

Thus, considerable opposition to contraception on religious grounds exists among Moslem men who favor large families. Why is Islam a major barrier to the use of contraception in Bobo-Dioulasso? First, this attitude of men is based on a misconception of Islam. Islamic scholars in the Sahel region have a more tolerant attitude towards the practice of contraception. According to religious leaders participating in a Seminar on Contraception organized in Dakar, Islam "authorizes, at the individual level, the use of contraceptives to preserve the proper and legitimate interests of the people concerned" (CONAPOP, 1982:20). Second, the opposition to contraception may be rooted in an African traditional concept according to which the only means of spiritual survival is to remain in the memory of one's children or relatives (Coulibaly, 1977:101).

In Bobo-Dioulasso, approximately 60 percent of the population are Moslem, 30 percent are Christian (overwhelmingly Catholic). The last 10 percent belong to traditional religions; the Animists are usually recent immigrants from rural areas. The connection between education and Catholicism is close because most of the modern education was provided by missionaries before independence. Catholics tend to be more Westernized and are less likely to be in polygamous unions; this leads usually to more communication between spouses and a more liberal

view towards family planning. For example, Coulibaly (1977:124) reports that in Bobo-Dioulasso 41 percent of Catholic women had never discussed family size with their husband against 79 percent of Moslem women.

After a man who had three wives and eleven surviving children had enumerated all the modern methods of contraception, we asked him:

Q. If one day you use contraceptives, do you think the idea will have come from you or from one of your wives?

A. Neither me, nor my wives will ever do that. These matters are discussed outside the home, but are never mentioned in my family. My wives would never dare to talk about that. It is a grave sin. (HB32)

Q. Would you still like to have other children?

A. Ah! It is God who gives the children.

Q. That is true, God gives us kids, but actually there are preventives to limit the number of births.

A. We all know that, but my religion does not authorize me, it prohibits me to use these preventives.

Q. Is it Islam?

A. Yes.

Q. So, God recommends to make a lot of children?

A. But if God offers you the power and the means to have many children you will have to take care of them, even though problems will never stop. Limit childbearing is fine because a lot of children constitute a heavy burden mostly talking of schooling. For the African, even one or two children already constitute problems because we usually take care of many nephews, nieces and other brothers.

Q. Islam forbids you to limit births, do the women agree to have many children?

A. I think so, they have to accept, moreover I am the one responsible for them... (HB8)



A. Our fathers didn't limit their children, we cannot either limit ours. You see...it is not as if our fathers had 40 children, they didn't have them. Thus, we too cannot refuse what God gives us. Don't you see? To say that I am going to limit is not my business. If God is limiting for me, it is O.K., but if I wanted to limit it would be as if I were arguing with God that I am the one who manufactures the children...It is God who may say "now it is enough", it is not my problem. (HB26, uses periodic abstinence to space children but believes limiting is God's will.)

Women often suggested that men wanted large families. This was sometimes confirmed, but not always. Some men were certainly not in favor of large families. The ones who favored many children had definitely male motivations which were not heard of in our conversations with women. For example, one of the recurrent themes was the survival of the family. We were told several times "If you have many children, when you die, people will see your sons and say: 'This is the son of so and so.'"

A. Many children elicit much consideration. Many children correspond to many graves.

Q. Why many graves?

A. Of course, it is a manner of speaking. All my children will die some day and people will say: Here are the graves of the children of so and so. (HB22)

For others, a large number of children conferred importance.

Q. What is the advantage of having many children?

A. There you are!! If I have a lot of children I'll be powerful, strong and proud. (HB32)

And, of course, having children means security in old age:

- A. The benefit of having children is that when you will be old they will help you until your last day. It is the man who has many, many children who is most respected. (HM31)

An interesting and unexpected notion, expressed by some of our male respondents, was parallel to the women's view concerning male preferences. They thought their wives were the ones who wanted many children. For example, HB15 who wanted to stop said "... the women, of course, with their African turn of mind, want more !" And HM40 who would like to stop at five and will look for some medicine:

"...if you want only five kids and the woman wants to continue, you are obliged to do so...the woman will accuse you of having abandoned her, it is by dint of making her children that I make her happy."

- A. When children come after an interval of 3 years, 3 years that is good.

Q. Do the women accept that?

- A. If it were up to them, they would not accept. It is some times God who may grant that. As to the women, they crave for a child after two years, they are afraid of being mocked because they are finished with childbearing. (HM31)

Men's reasons to limit childbearing are almost always economic. They cited first the cost of sending children to school, a matter of first importance to the majority. Second came the price of food and third, the lack of jobs in the town. The women in our survey gave health, tiredness and exhaustion by work as main reason for wanting to space or limit the number of their offspring. They

were not so much interested in schooling, which was not in their sphere of decision. As to the price of food, usually they do not know the price of a bag of millet which is bought by the husband. On the other hand, men are not often home and cannot understand their wives' desire for a rest. There is not much communication between spouses and ultimately the husband is always the decision maker.

- Q. Concerning children, your wives and yourself do you agree on that?
- A. Of course yes, I am the one who married them, it is not they who married me. I am their master, they are not mine. (HB3, 4 wives, 11 children alive.)
- Q. After delivery how long do you wait before going to your wife's bed?
- A. I wait 18 months.
- Q. You and your wives do you agree on that?
- A. Yes, we agree because if one desires sexual relations and the other does not want, you cannot force her. We get along well in these matters.
- Q. Is it you who maintain the 18 months?
- A. It is me, as head of the family. I decide, the woman has no say in this. (HB6)

The most unexpected finding was that men are much more knowledgeable than women about contraception. Out of the 25 interviewed, only five men said they did not know about contraception, two were vague about it and 18 enumerated a detailed list of modern methods.

- A. ...People chat, one learns that one woman has had a tubal ligation and that another has found a doctor who has agreed to make her stop having children... For the young girls, I know that the doctor must ask the permission of the parents to give contraceptives such as pills, injections or the plastic [IUD]... I heard of it but I never saw any of those, and never would I or my wives use such things. (HM11: 3 wives; 11 children alive.)



Men seem to be less interested in traditional methods than women, but they know much more about modern methods than their wives. And certainly, they are better informed about family planning than their wives think they are. Men live mostly outside the home, they own radios, they spend more time with friends, they are more aware about what is going on in town. Men don't only know about contraception, they claim to be responsible for contraceptive decisions in the family. From their point of view, it is a man's affair; after all, the man is the master of the family, the owner of the compound. Five men out of 25 were using natural family planning on their own initiative. There is probably also education that accentuates the gap between men and women.

Some men had a much better comprehension of the woman's cycle than the women themselves; some claimed that their wives were not able to handle such calculations.

Q. What are you going to do during these three years so that your wife will not become pregnant?

A. Everything can be measured. There is the calculation.

Q. Then you know how to count?

A. At least, (Laugh) I can count!

Q. How do you count?

A. Approximately...if the woman sees her "washing", you may go with her during one week. After this week you have to quit for five days, eh! 12 days. After these 12 days you may start again up to the 28th day, there is no problem...

Q. Does your wife know how to calculate?

A. Eh! as she doesn't know how to read, it is me who calculates.

Q. How do you know when she has her "washing"?

A. Eh! how can she hide it from me? (Laugh)...If you agree on that, both are going to benefit. She too benefits, since when a child crawls and another is in the womb, she gets tired. Do you see? (HB26)

Q. You said you did not want any more children, do you use any means? Such as not going with the woman any more or give her products or things?

A. No, I don't give her any products, I am careful.

Q. Is it you or the woman who is careful?

A. It is no secret that the woman sometimes desires the man and if she doesn't know her cycle, then she doesn't know when not to have relations. If you know, you are the one who has to refuse. The precautions you take, you have to explain them to the woman, she has to agree... This is taught at "Sexual Education". The man has no cycle, the woman has one. (HB40)

Q. How do you calculate? following the European method or the African one?

A. The scientific European method.

Q. Is it the doctor who taught you that?

A. No, it is one of my little sisters who is at the "Technical Center". She taught me that method and I am using it. (HB38)

Q. Eh! your wife is still young, she hasn't passed childbearing age, if you don't do anything she is going to get a belly again.

A. That is true...but it depends. You know ...the woman has a cycle.

Q. You know that?

A. Ah! For that...(Laugh) I manage a little bit.

Q. You manage a little bit...Who told you about that?

A. There is a book for that.

Q. Did you read it?

A. Yes I went through it. (HB36)

#### Concluding Remarks

Some hypotheses, then, can be tentatively drawn from this material, and used in future research:

1) Latent motivations for avoiding births are different for men and woman, and both have to be reached by action programs. Men are the decision makers, but women seem to have the greatest stake, and their say in the matter should increase with education.

2) Traditional spacing behavior remains a primary concern for

all. Abstinence is a prescribed mode of behavior, and when contraception gets a foothold, it will probably be as a substitute for abstinence. It would be important to understand how abstinence is perceived as conceptually different from other methods of avoiding conception. Abstinence is never mentioned as a means to limit childbearing.

3) Popular interpretation of religion and what is seen as the African tradition remain powerful obstacles to the use of contraception. This is true mostly for men but also for women.

4) Contraception is very much seen as a Western import and a culturally diffused behavior. Men often demonstrate a surprising sophistication about it, but often see it as a secret that should not be left indiscriminately within reach of women.

Men seem to have a better knowledge of modern contraception than women. This may be due to shyness and lack of interest on the part of the women who are dependent of men to obtain it. Modern contraception is still taboo and one does not mention it in the home even if one knows that it exists at the hospital. It is irreverent for a woman to discuss it. Traditional contraception is the property of old women and healers and has very few users in town. In between, there is natural family planning, an import from educated people, teachers and nurses. It is gaining ground in Bobo, it is cheap, has no side effects and does not require visits to the hospital or to a doctor. But is it safe? It brings at least awareness that the woman may control her body and master



childbearing, it denies that it is God who sends the children. This may be the first step to conscious family limitation.

Knowledge of modern contraception is spreading slowly and unofficially in Bobo-Dioulasso. The first roles of contraception may well be to replace post-partum abstinence and avoid pre-marital births. Married women may start to use contraception to space childbearing and young, urban, unmarried women may need it to postpone the first birth until school is completed and marriage takes place.

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